

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: A LETTER OPENER

Attorney Docket Number:: 016660-178

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 13

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Hong Kong
Status:: Full Capacity
Given Name:: King Biu
Middle Name::
Family Name:: MAK
Name Suffix::
City of Residence:: Kowloon
State or Province of Residence::
Country of Residence:: Hong Kong, China
Street of Mailing Address:: Rm. A12, 5/F., Block A2, Yau Tong Industrial
City, 17 Ko Fai Road, Yau Tong
City of Mailing Address:: Kowloon
State or Province of Mailing Address::
Country of Mailing Address:: Hong Kong, China
Postal or Zip Code of Mailing
Address::
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Chung Yin Ronald
Middle Name::
Family Name:: MAK
Name Suffix::
City of Residence:: Kowloon
State or Province of Residence::
Country of Residence:: Hong Kong

Street of Mailing Address:: Rm. A12, 5/F., Block A2, Yau Tong Industrial
City, 17 Ko Fai Road, Yau Tong

City of Mailing Address:: Kowloon

State or Province of Mailing Address::

Country of Mailing Address:: Hong Kong

Postal or Zip Code of Mailing
Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Chung Ming

Middle Name::

Family Name:: MAK

Name Suffix::

City of Residence:: Kowloon

State or Province of Residence::

Country of Residence:: Hong Kong, China

Street of Mailing Address:: Rm. A12, 5/F., Block A2, Yau Tong Industrial
City, 17 Ko Fai Road, Yau Tong

City of Mailing Address:: Kowloon

State or Province of Mailing Address::

Country of Mailing Address:: Hong Kong

Postal or Zip Code of Mailing
Address::

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing

Address::